

**MASSACHUSETTS DIVISION OF HEALTH CARE FINANCE AND POLICY**  
**NURSING HOME FACILITY INET USER AGREEMENT**

As an employee of \_\_\_\_\_, *or*,  
as an employee of a contractor of \_\_\_\_\_, I will  
be allowed to access *DHCFP-INET*, the data reporting system provided to  
\_\_\_\_\_ by the Division of Health Care Finance and Policy.

I promise that I will not disclose my *DHCFP-INET* user ID and password to any other person.

I promise that I will not attempt to access or look at *DHCFP-INET* data other than what is required to perform my job.

I promise that I will use any data I receive from *DHCFP-INET* only as permitted and only in furtherance of my job.

I promise that I will not share any data I receive from *DHCFP-INET* with others unless doing so is necessary to do my job.<sup>1</sup>

I promise that I will discuss data I receive from *DHCFP-INET* with others only as required to perform my job and will conduct such conversations only in non-public areas where I am unlikely to be overheard.<sup>1</sup>

I promise I will not disclose any data that I receive from *DHCFP-INET* to any third party unless I have specific written permission from my supervisor or the legal order of a court.<sup>1</sup>

I understand that the Division of Health Care Finance and Policy retains ownership of all data that resides in *DHCFP-INET*.

I hereby acknowledge I have read the above terms and conditions and agree to be bound thereby as a condition of access to and use of *DHCFP-INET*.

**Please Print** (*no abbreviations, please*):

Name Prefix (Mr., Ms., Mrs., Dr.) (required): \_\_\_\_\_

Name (required) \_\_\_\_\_  
(*if common name, please provide Middle Name Initial*):

Job Title (required): \_\_\_\_\_

Work Postal Mailing Address (required) (*include name of company and department*):

\_\_\_\_\_  
\_\_\_\_\_

Email Address (required): \_\_\_\_\_  
(*Email address is used to send the User ID and Password information*)

Work Telephone (required): \_\_\_\_\_

Work Fax: \_\_\_\_\_

User Signature (required): \_\_\_\_\_

### **USER'S INET (WEB) SECURITY**

Pass phrases are used by the Help Desk staff to ensure they are speaking with the correct person. When an INET User calls for assistance and requires using confidential information or sensitive issues, the Help Desk will use pass phrases as a means to confirm the identity of the caller. Below is a list of frequently used phrases.

#### **Pass Phrases:**

- Favorite Singer
- Favorite Vacation Location
- Favorite Sports Team
- Favorite Hobby
- Favorite Pet's Name
- Favorite Teacher's Name
- Anniversary Date
- Father's Middle Name
- First Child's Middle Name
- Make, Model, and Year of First Car

#### **User's INET (Web) Security Items (required):**

City or Town Born in: \_\_\_\_\_

Pass Phrase: \_\_\_\_\_  
(Please see above to select a Pass Phrase)

Answer to Pass Phrase: \_\_\_\_\_

<sup>1</sup> Note – these items in the User Agreement pertain to patient level confidential data only.

| Check the type of access for this User Agreement |  |  |
|--|--|--|
| Check One  | User Profile                               | Functions  |
| <input type="checkbox"/>                         | Data Reporter's<br>INET<br>Administrator   | Responsible for the <i>DHCFP-INET</i> Administration (creates and maintains web user accounts online and via paper forms).<br>Ability to also submit information, download, edit, view, and print reports. |
| <input type="checkbox"/>                         | Data Reporter's<br>Individual INET<br>User | Ability to submit information, download, edit, view and print reports.   |

**IMPORTANT NOTE:** Only check the submissions that User will submit or have access to under this Agreement.

**NURSING HOME FACILITY SUBMISSIONS**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Quarterly Nursing<br>Home User Fee       | <input type="checkbox"/> Nursing Home Facility<br>Cost Report | <input type="checkbox"/> Authorized Signatory for<br>Nursing Home Facility<br>Cost Report |
| <input type="checkbox"/> Preparer for Nursing<br>Home Cost Report |   |   |

Name of Data Reporter (if User contracts with Data Reporter): \_\_\_\_\_